MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE					
10 574975						
APPLICANT(S)						

AFTER 2 [™] AMENDMENT IND. DEP.

	AS FILED			AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER	
. 4	IND.	DEP.	IND.	DEP.	IND.	DEP.	i i		IND.	DEP.	IND.	D	
1			1					51					
2								52					
3				 			i L	53					
4				 			-	54				<u> </u>	
5			ļ	1			-	55				L.	
6 7	`			 		· · · · · ·	-	56			 	_	
8		·	1	┼┼	,		-	57				<u> </u>	
9		 :		 			 	58 59			-,	 	
10				 			H	60 .			· · · · ·	-	
1				 			1	61				┝	
2				 			ŀ	62					
3			. 1				1-	63					
4				1				64					
5								65					
6								66	*				
7								67					
8						• 1		68					
9								69		· ·			
0							L	70					
1							L	71					
2							L	72					
3							ļ_	73					
4							L	74					
5			. 1				<u> </u>	75					
6 7							-	76					
8							<u> </u>	77					
9								78		·			
Ó							. ⊢	79 80					
1							-	81				_	
2							<u> </u>	82					
3				-			-	83					
4			~~~				-	84					
5							T	85					
6								86					
7						-		87				-	
8					•			88					
9	T							89					
0				· ·				90					
1								91					
2								92			·		
3								93					
4								94					
5								95					
6							<u> </u> _	96					
7							<u> </u>	97					
8							<u> </u>	98					
9							_	99					
AL							L	100					
D.		4	7	1		1		TOTAL IND.		1		1	
ΆĹ		_	ــــا			, '		TOTAL		,		, 1	
P.		₹	29	₹		←		DEP.		←		(
AL MS			32			200 (STR)		TOTAL CLAIMS					
				CONTRACTOR OF THE PARTY OF THE		- CANADA				I.S. DEPART		Yes.	